

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
<p>34M1/0919</p> <p>PRICE HENEVELD COOPER DEWITT AND LITTON</p> <p>PO BOX 2567</p> <p>695 KENMOOR DRIVE SE</p> <p>GRAND RAPIDS MI 49501</p>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
<input type="checkbox"/> Check if additional changes are on reverse side			

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/426,591	04/21/95	106	DORITY, C	3406 09/19/95
*First Named Applicant: PASTRICK TODD W.				

TITLE OF INVENTION
EXTERIOR VEHICLE SECURITY LIGHT

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2 DON01-P-577	362-083.100	P39	UTILITY	NO	\$1210.00	12/19/95

3. Correspondence address change (Complete only if there is a change) Frederick S. Burkhart Van Dyke, Gardner, Linn & Burkhart, LLP 2851 Charlevoix Dr., S.E., Suite 207 Grand Rapids, MI 49546	4. For printing on the patent front page, list the names of not more than 8 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	VAN DYKE, GARDNER, LINN 1 & BURKHART, LLP 2 3
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060 KP 12/18/95 08426591 1 142 1,250.00 CK
 060 KP 12/18/95 08426591 1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE: Donnelly Corporation (2) ADDRESS: (CITY & STATE OR COUNTRY) 414 E. Fortieth St., Holland, MI 49423		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 22-0190 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) Frederick S. Burkhart, 29 288 (Date) 11-28-95 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

PART C—CHARGE TO DEPOSIT ACCOUNT



1. CORRESPONDENCE ADDRESS

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant				

TITLE OF INVENTION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
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2a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 10

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the Application identified above.
(Authorized Signature)

Frederick S. Burkhardt, 29 288

11-28-95

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2. TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT